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Bib Data Sheet

CONFIRMATION NO. 2542

<b>SERIAL NUMBER</b> 10/693,464	<b>FILING OR 371(c) DATE</b> 10/24/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> ZL 0188B
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/658,052 09/09/2003 which is a CIP of 10/438,510 05/15/2003  
 which claims benefit of 60/380,376 05/15/2002  
 and claims benefit of 60/423,022 11/01/2002

*ok*  
*omch*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*None mch*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 01/23/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Maryc [Signature]</i> Examiner's Signature	<i>mch</i> Initials			

**ADDRESS**

23367

**TITLE**

Cross-pin graft fixation, instruments, and methods

<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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